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CONFIRMATION NO. 8969

<b>SERIAL NUMBER</b> 10/666,638	<b>FILING OR 371(c) DATE</b> 09/18/2003 <b>RULE</b>	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 3661	<b>ATTORNEY DOCKET NO.</b> 157438-0019
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**APPLICANTS**  
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*m.m.* **\*\* CONTINUING DATA \*\*** *Yes* \*\*\*\*\*

*m.m.* This application is a CIP of 10/206,457 07/25/2002 PAT 6,925,357

**\*\* FOREIGN APPLICATIONS \*\*** *None* \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 12/17/2003** **\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>m.m.</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 5
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Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
01622

**TITLE**  
Tele-robotic system used to provide remote consultation services

<b>FILING FEE RECEIVED</b> 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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